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APPLICANTS

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** CONTINUING DATA NONE
 IK

** FOREIGN APPLICATIONS NONE
 IK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Examiner's Signature: <i>[Signature]</i> Initials: <i>SK</i>	STATE OR COUNTRY WI	SHEETS DRAWING 4	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 3
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ADDRESS
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TITLE
 Radiography plate with automatic exposure time recording mechanism

FILING FEE RECEIVED 520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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